\Box CR Records Printed \Box Entered into VBA

International Assurance Application Form Details

Insurance Services of

America, Inc.

Currency: US

Data Date: 11/07/2016

Contract Note: POLICY NUMBER: BG001030-23-3486f16c

Type of Contract: International Assurance Application Date:
Agent/Broker Name: Graham Bates Policy status:

Policy status: Complete
Agent/Broker Number: 91f036ef

11/07/2016

Details of Group / Team:

Group Name: Nehemiah Vision Ministries Group/Team Leader Name: Cathi Ortiz

MAIL FORWARDING ADDRESS:

Address line 1: 563 E Pennsylvania Ave Address line 2:

City: Van State: Texas

Postal code: Country: United States

Telephone home:

BILLING ADDRESS:

Address line 1: 563 E Pennsylvania Ave Address line 2:

City: Van State: Texas

Postal code: 75790 Country: United States

Telephone home: 8006474589
Group / Team E-mail: teams@nvm.org

Insured Persons [Original Information]:

Person	Gender	DoB	Start Date Term Date I	Deductible	Limit	Days	Rate	Sports	Premium
Matthew Hickey	M	12/15/1978	11/03/2016 11/17/2016	\$ 0.00	\$ 600000	15	2.02	No	\$ 30.30
Megan Hickey	M	03/30/1978	11/03/2016 11/17/2016	\$ 0.00	\$ 600000	15	2.02	No	\$ 30.30
Grace Hickey	M	10/02/2007	11/03/2016 11/17/2016	\$ 0.00	\$ 600000	15	2.02	No	\$ 30.30

Total Policy Premium

\$ 90.90

Premium:

Net Premium: \$90.90 Premium Paid to date: \$90.90

Premium: \$ 90.90

Payment History:

Date	Method	Card Type	Amount	Remarks	Action
07/11/2016	Other		\$ 66.66	Registration	